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บทความวิจัย

Katanyu Katavedi and Caregiving for Frail Elderly Parents : The Perspectives of Thai Families in Metropolitan Bangkok, Thailand

ดร.จิราพร เกศพิชญวัฒนา*

บทคัดย่อ

การวิจัยครั้งนี้ มีจุดประสงค์ที่จะอธิบายความหมายของค่านิยมวัฒนธรรมไทยในเรื่องความกตัญญูต่เวทีที่เกี่ยวข้องกับการดูแลบิดามารดาสูงอายุที่เจ็บป่วย โดยศึกษาจากความเห็นมุมมองของครอบครัวไทยในเขตกรุงเทพมหานคร การวิจัยเชิงคุณภาพ (Qualitative Method) โดยการวิเคราะห์กลุ่มสังคม (Social Setting Analysis) ตามวิธีของ Lofland และ Lofland (1995) เป็นวิธีการที่นำมาใช้ ผู้วิจัยใช้วิธีการสัมภาษณ์และสังเกตพฤติกรรมแบบมีส่วนร่วม ศึกษากลุ่มตัวอย่างซึ่งเป็นบุตรจำนวน 15 คน ที่ดูแลบิดามารดาที่เจ็บป่วยภายในครอบครัว มโนคติ (Concept) ความกตัญญูต่เวทีที่เกี่ยวข้องกับการดูแลบิดามารดาสูงอายุในครอบครัว ประกอบด้วย ลักษณะประกอบ 3 ด้าน ได้แก่ **บุญคุณ** ของบิดามารดา หมายถึง สิ่งที่เกิดประโยชน์ที่ก่อให้เกิดผลทางที่ดีที่บิดามารดาได้ทำให้ มีให้แก่ บุตร **กตัญญู** เป็นความรู้สึกถึงบุญคุณ การรับรู้ถึงพระคุณที่บิดามารดามีให้แก่บุตร และ **กตเวที** เป็นการตอบแทนบุญคุณที่บุตรพึงกระทำเพื่อตอบสนองต่อบิดามารดา ความกตัญญูต่เวทีเป็นค่านิยม ที่ครอบครัวสังคมไทยให้การยอมรับและเป็นสิ่งที่จรรโลงให้เกิดการดูแลบิดามารดา บุพการีในสังคมไทย การดูแลบิดามารดาสูงอายุในครอบครัวไทย จำแนกได้เป็น 3 ลักษณะ ได้แก่ การดูแลทางด้านร่างกาย การดูแลทางด้านจิตใจ และการดูแลทางด้านความเชื่อ สิ่งยึดเหนี่ยวทางความสุขสงบทางจิตใจหรือ ศาสนา นอกจากนี้งานวิจัยนี้ยังพบว่าปัจจัยทางด้านวัฒนธรรมและสังคมเศรษฐกิจมีบทบาทสำคัญ และส่งผลต่อการดูแลบิดามารดาผู้สูงอายุในครอบครัว ผลจากการดูแลบิดามารดาสูงอายุที่เจ็บป่วยโดย บุตร ก่อให้ผู้ดูแลเกิดผลทั้งทางด้านบวกและลบ บุตรที่เป็นผู้ดูแลบางรายเกิดความไม่แน่ใจว่าสิ่งที่ตนทำ อยู่那儿ดีหรือไม่ดี จากการวิจัยนี้ ทำให้ได้ความรู้พื้นฐานและเกิดความเข้าใจเกี่ยวกับการดูแลผู้สูงอายุ ที่เจ็บป่วยโดยเฉพาะบิดามารดาภายในครอบครัวของสังคมไทยในลักษณะภาพองค์รวม ลักษณะเฉพาะของสังคมวัฒนธรรมไทยที่มีผลต่อการดูแลบิดามารดาเพื่อทดแทนพระคุณ ถูกคาดหวังว่ายังคงอยู่และได้รับการยึดมั่นปฏิบัติต่อ ๆ ไปในสังคมไทย

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ABSTRACT

This study aimed to explicate and define Thai traditional cultural value of *katanyu katavedi* in relation to caregiving for frail elderly parents from the perspectives of Thai families in Metropolitan Bangkok. A qualitative method, social setting analysis (Lofland & Lofland, 1995) was used by interviewing and observing 15 adult children who took care of their frail elderly parents. The concept of *katanyu katavedi* in relation to caregiving for elderly parents is structured by three dimensions which included *bun khun* of parents : total benefits of parents have bestowed upon children, *katanyu* : the sense of gratitude towards parents, and *katavedi* : the obligatory actions in paying back to parents. *Katanyu katavedi* has been valued by Thai families and helps to maintain the caregiving for elderly parents of Thai families. Caregiving provided by families in this study was categorized into three dimensions : physical caregiving, psychological caregiving, and spiritual caregiving. Cultural and societal-economic contextual factors played crucial roles and influenced caregiving and consequences of caregiving in Thai society. Three types of effects of caregiving on families and caregivers were identified : positive consequences, negative consequences, and ambivalence in the caregiving situation. With the findings which provided empirical knowledge and understanding about family caregiving in Thailand from a holistic perspective, the specific characteristic of Thai culture which influenced caregiving practices for elderly parents in Thailand is wished to be maintained and valued in Thai society.

In Thailand, the number of people aged 60 years and over has been increasing steadily from about 1.2 million in 1960 to 2.4 million in 1980. Currently, There are about 5.1 million persons over the age of 60 in Thailand or 8% of the population (National Statistical Office, 1997). One of The important trends is the rapidly growing number of elderly persons in Metropolitan Bangkok, the capital city of Thailand. Bangkok's lower mortality rates, as well as the aging of its sizable young adult population, contribute to this statistical projection (Francese & Kinsella, 1992).

More than any other institution, the family has provided the central focus of social life for older people in Thailand. Thai culture and norms set the expectation that the family will take full responsibility for the care of its elderly members (Limanonda, 1995). Care and support provided by adult children for elderly parents is based on a strong sense of moral obligation (Knodel, Saengtienchai, & Sititrai, 1992). Underlying the moral obligation of children to repay parents is the concept of *katanyu katavedi*. This concept is firmly ingrained in Thai culture and has no English equivalent (Podhisita, 1985). The concept of *katanyu katavedi* usually refers specifically to parent-child relationships. Since giving life to and raising a child instills a sense of gratitude and debt, it leads to the sense of obligation that the adult child has to provide support and care to his/her parents in return (Knodel, Saengtienchai, & Sittitrai, 1992).



Family caregiving has been conceptualized as occurring when one or more family members give aid or assistance to other family members beyond that required as part of normal everyday life (Walker, Pratt, & Eddy, 1995). Family caregiving for the elderly usually begins when aging family members require some kind of assistance according to their disability, chronic conditions or diseases, or when they are otherwise frail or demented leading to prolonged impairment. Caregiving for the elderly or dependent ill parent is a social norm for people in every country. However, the practice and norm might differ depending on the specific culture, as Phillips et al. (1996) maintained that caregiving in family is a cultural environment. The dynamic of caregiving depends upon race and culture. Before developing relevant views or measures of caregiving in different cultures, it is necessary to understand the ways that a specific culture influences caregiving (Phillips et al., 1996).

Because the majority of the concepts of family relationships and caregiving were developed and have been studied in the Western culture, studies to examine concepts or meanings from different cultural perspectives are still crucial. Thailand is a country in Southeastern Asia which is considered to be homogenous in its culture and characteristics. Family structure is mainly nuclear but most of the elderly people live with at least one of the children in their own families. Despite the general practice and cultural norms of family care for elderly parents in Thai families, there are still limited numbers of studies about caregiving for Thai elderly by family, especially in times of rapid social change. Moreover, the essence of current caregiving practice and understanding of the traditional value of *katanyu katavedi* which is the main factor in the responsibility for caregiving, are not explicitly known as they affect metropolitan families. Bangkok, which is the most urbanized and populated area of Thailand, is directly affected by the pressures of rapid social, economic, and cultural changes. It is reasonable to expect that the changing social, occupational, and economic patterns of urban life, over time, may also change traditional values and thereby caregiving practices also.

The purpose of this study was to explicate and define the traditional cultural value of *katanyu katavedi* in relation to caregiving for the frail elderly parents from the perspectives of Thai families. A qualitative method, using social setting analysis (Lofland & Lofland, 1995) was used to discover and to understand the context and patterns of behavior from people's life ways in their natural settings and environment. The researcher used participant observation and intensive interviewing to obtain caregiver's descriptions of (a) the essence of the concept *katanyu katavedi*, (b) caregiving practices for frail elderly in Thai families, (c) the families' perspectives of the effects of social and economic changes on the caregiving situation, and (d) effects of caregiving for frail elderly parents on families and caregivers.



Methodolgy

The methodology for data collection was a combination of intensive interviewing as described by Lofland and Lofland (1995) and participant observation (Jorgensen, 1989). The mutuality of participation and intensive interviewing are the central techniques of naturalistic investigation. The key elements of this method are : collecting the richest possible data ; achieving intimate familiarity with the setting ; and engaging in face-to-face interaction so as to participate in the thinking of the settings' participants. As family is considered to be one type of social setting, the qualitative method of social setting analysis is expected to enhance the development of new empirical knowledge about Thai family caregiving. The study was reviewed and approved by the Institutional Review Board of the Oregon Health Sciences University, U.S.A. and the Office of the National Research Council of Thailand concerning the protection of human subjects, especially sample recruitment and study protocols. (Health Centers 15, 25, and 52) under the supervision of Health Department of Bangkok Metropolitan Administration were selected as three areas of community setting in which families were recruited to the study. Participants in this study were selected 15 families that received home visits from public health nurses from one of these three Health Centers. Purposeful sampling was used since the intent of sampling selection was to interview the informants who were in the real situation and could articulate enough to be the experts or informants. The investigator made 55 visits which included informal and formal visits to these families. Two in-depth-interviews were done with each key inform during these 55 visits, resulting in 30 formal interviews and 25 observational visits. All formal interviews were audiotaped and transcribed verbatim (in Thai). The length of interviews ranged from 30-75 minutes. All key informants gave verbal consents which were tape-recorded before the first interview was conducted.

Two sons and thirteen daughters who defined themselves as primary caregivers to their parents, aged ranged from 30 to 67 years. The mean age was 46.3 years (SD = 9.7). Seven of these fifteen caregivers were single, four were married, three were divorced, and one was widowed. The majority are Buddhist (14 caregivers). The care receivers ($n = 15$) who were frail elderly parents ranged in age from 60 to 90 years with mean age of years (SD = 9.4). Four of the care receivers were fathers, and eleven were mothers. More than half (11 care receivers) were dependent or needed assistance in at least one activity of daily living (ADL). Four elderly parent also needed assistance in two instrumental activities of daily living (IADL) Twelve of these fifteen care receivers were frail and disable from cerabral problems (i. e. , stroke, dementia, cerebral infarction).

The investigator adapted and combined several approaches of analysis such as Lofland & Lofland's (1995) strategies of coding, memoing diagraming ; storage and retrieval system by using the Ethnograp 4.0, thai version (Seidel, 1995) computer software,



and content analysis to achieve analytic thoroughness. Analysis of data were done both in Thai and English. Analysis in Thai helped preserve culturally relevant themes. As the initial coding statements emerged from data, a focused set of codes was applied and categorized to form an interrelated set of coding categories. To compare these coding categories and dimensions within the group of the informants, a table of content clustered by categories and ID was set up to quantify and to represent the frequencies of the existing aspects and categories. Coding and data analysis in Thai were confirmed by two doctorally prepared Thai scholars, one in Anthropology and one in Public Health Nursing. A chart summarizing preliminary findings and thoughts about emerging content from data collection and the ongoing analysis of data (in Thai) was developed by the investigator. To confirm the credibility of the coding method and analysis of data in Thai, peer input was sought. Sharing, verifying, and confirming the analysis was done with a group of three Thai doctoral students at the School of Nursing, Oregon Health Sciences University. All the coding categories in the Thai analysis part were coded by using both Thai terminologies and English equivalents.

The analysis in English was done by using the two informative cases which the interviews were translated into English by the investigator and a linguistic professor. These transcripts were coded by the investigator and the dissertation committee. Comparison of the Thai analysis to the English analysis of the same cases were done to review the congruence of the analysis in different languages.

Findings

The results of this study are organized by the purposes of the study.

Concept of Katanyu katavedi in Relation to Caregiving

The concept of *katanyu katavedi* is structured by three dimensions which included: a) *bun khun* of parents (the total benefits that parents have bestowed upon their children); b) *katanyu* (the sense of gratitude towards parents); and c) *katavedi* (the obligatory actions in paying back to parents).

The benefits given them by their parents or *bun khun* of parents were described as giving life, rearing child, giving love and warmth; and giving financial support. *Katanyu* is defined as the sense of gratitude that child or children have towards the *bun khun* of their parents. It is the awareness of children that their parents have done something that benefits them. Sense of gratitude (*katanyu*) and *bun khun* of parents were usually related and referred to each other all the time. For example, one caregiver talked about her gratitude to her parents as:



We grow up to be adults because of our parents. We should not haggle in caring for our parents. Everybody should have gratitude to parents since they raised us up. (ID # 1, L 1160-1164)

Some key informants talked about the sense of gratitude towards parents as a social value, for example :

In our society, it's important that children take care of their parents especially when they become old. Children should feel gratitude to bun khun of their parents. (ID # 2, L 354-358)

Katavedi is defined as the obligatory actions done to pay back parents based on the *katanyu* that a child / children has / have towards *bun khun* of the parents. Three categories of *katavedi* were identified in the study : 1) devoting oneself to his or her parents ; 2) making parents the first priority ; and 3) doing the best doing as well as can be done) for parents. These three dimensions are interrelated and usually have relationships to each other. The more the children realized or perceived *bun khun* that their parents had done something good for them such as devoted themselves to children when they were young, the more the children felt gratitude and expressed their obligation to pay back their parents. For example, one informant who is a daughter taking care of her unconscious father, stated that :

I think since parents brought us up (bun khun of parents), we should take care of them when they become old and can't help themselves (katavedi). We must serve them (katavedi). This idea always come to my mind...Parents raised us up amid happiness until we're grown up (bun khun of parents and katanyu). Now it's time to pay back by doing good thing for them, give them good care (katavedi) so they can live with us as long as possible. (ID # 1, L 833-845)

Caregiving Provided by Families to Frail Elderly Parents

The caregiving provided by families to frail elderly parents in this study can be caegorized into three dimensions. These dimensions are : 1) **physical caregiving** ; 2) **psychological caregiving** ; and 3) **spiritual caregiving**.

Physical caregiving is defined as caregiving actions taken to meet the parents' physical needs. The level of physical caregiving performed by family caregivers was based upon parents' health and the degree of their frailty. Five categories of physical caregiving emerged from data : 1) maintaining parents' daily activities such as bathing, bedding, grooming and cleaning, toileting, food preparation ; 2) nursing care activities such as giving medications, wound dressing, gavage tube feeding, bedside care when parents' condition became worse. ; 3) environmental modifications to promote parental function ; 4) obtaining assistance by consulting or referring parents to health care



professionals when having problems in caregiving ; and 5) seeking alternative methods of treatments such as using traditional medicines, medicinal herbs.

Psychological caregiving is defined as caregiving activities taken to make the parents feel connected, cared for, and relaxed. Three categories of psychological caregiving that emerged from the data are : 1) talking with 2) being there by the caregivers' staying close or being with their parents in order to observe parents' symptoms or problems, to look after parents and make parents feel good by having children be close ; and 3) using humor by using a playful attitude to lighten a tough situation in caregiving.

Spiritual caregiving is defined as caregiving related to religious beliefs or practices that are part of the cultural rituals of Thai people. Spirituality and Thai way of life are very connected, especially the faith belief in religion or higher power. Two categories of spiritual caregiving emerged from the data of this study : 1) merit-making for parents, and 2) praying or vowing for a better condition for the parents.

Contextual factors influencing the caregiving in Thai families

Contextual factors influencing the caregiving in Thai families found in this study can be separated into two dimensions : a) ***cultural contextual factors*** and b) ***societal and economic contextual factors***.

Cultural contextual factors are described as social cultural value of *katanyu katavedi* that is deeply rooted in Thai society. Three categories emerged from the data of this study. These three cultural contextual factors were found to influence to the concept *katanyu katavedi* : 1) hierarchical relationship between parents and child in Thai society; 2) social value of obligation to parents ; and 3) religious teaching. These three factors explained why the concept of *katanyu katavedi* is such a firm foundation for family relationships in Thai society.

In Thai society, hierarchical relationship between parents and child is defined as a social norm that parents have a higher status and should be respected and obeyed by children. As a son or a daughter, one should honor one's parents as having highest status in the family. The social value of obligation to parents is defined as the strong value and expectation in Thai society that children should have a sense of gratitude toward parents. Children are obligated to take care of their parents when they become old or frail. The obligation to parents is defined as an attribute and a commendable quality of a good person or a good child. It is believed that a good child will receive good things as a reaction of good karma (of doing good to parents) in return in some way some day. Religious teaching is defined as the teaching and beliefs developed from



religious doctrine about the gratitude and obligation of children toward their parents. The caring of parents is valued as a virtue, and desertion of parents is condemned a sin. This belief includes the caring for elderly parents, its value and virtue in connection with religious teachings in Buddhism, which is the dominant religion in Thailand.

Societal and economic contextual factors are defined as the factor related to social and financial structure of the family such as relationships within family or financial status that influence the caregiving situation. In these societal and economic contexts, four categories emerged from the data of this study. These four categories are : 1) relationships within the family ; 2) caregiving support system ; 3) financial status of the family ; and 4) availability of the caregiver. The quality of relationships within the family may differ from family to family and can influence the consequences of a caregiving situation. The caregiving support systems especially the adequacy of caregiving activity support and financial support are very important and influence the consequences of caregiving situation. The societal trend towards reduced family size means there are fewer possible resources from siblings. The caregivers in this study stated that children must agree how the care will get done or have one sibling devoted to being a primary caregiver. Support from health care services or groups like self help groups is still rare and not viewed as important as support from family. The financial status of family is a critical issue. It was found that the more problems in financial status or financial aspects of caregiving support system, the higher the report of negative consequences. Caregivers in this study reported that the cost of caring was paid mostly by the family because there is no social welfare or social security. Therefore, it was found that the families which already had difficulty in their financial status faced more problems about the expense of caring for their frail parents. The availability of the caregiver is also an important factor. The use of traditional criteria for choosing the caregiver may be inconsistent with social and economic changes. The smaller family size with most family members working outside the home influences this. More and more women who used to take the role as homemakers and caretakers of children and elderly at home are now participating in the labor force (Pongsapich, 1992). This raises a questions about who will be the one that is available to be a caregiver. It was found that societal and economic contextual factors also heavily impact and influence the caregiving experiences of the Thai families.

All fifteen caregivers in this study stated that the family is still the center of caregiving. To them, it is socially unacceptable for children to institutionalize parents or place elderly relatives into residential homes. Such children are negatively by friends, neighbors and the greater community.



The effects of caregiving on families and caregivers

The effects of caregiving were grouped into three dimensions. These dimensions are : 1) **positive consequences** of the caregiving situation ; 2) **negative consequences** of the caregiving situation ; and 3) **ambivalence in the caregiving situation**.

The positive consequences are defined as the family caregiver's experiences of having feelings of pleasure in the role of being a caregiver. They were categorized as the caregiver's having happiness, sense of self-pride, recognition of praise from others, attainment of merit, feelings of being lucky, and warmth in their caregiving situation. The caregivers in this study talked about the negative consequences of caregiving situation as frustration from conflict with other family members, burden, deterioration of their own health, emotional conflict with care receivers, physical strain, stress, feelings of guilt, and social isolation. Some key informants also expressed their feelings of ambivalence about their caregiving where they were not sure whether it was a merit or demerit. All of the caregivers in this study experienced the effects of caregiving for frail elderly parents in both positive and negative ways.

In summary, the findings of this study were described in a model (Figure 1) to illustrate the relationships among concepts as well as depicting different forms of network display related to the purposes of this study.

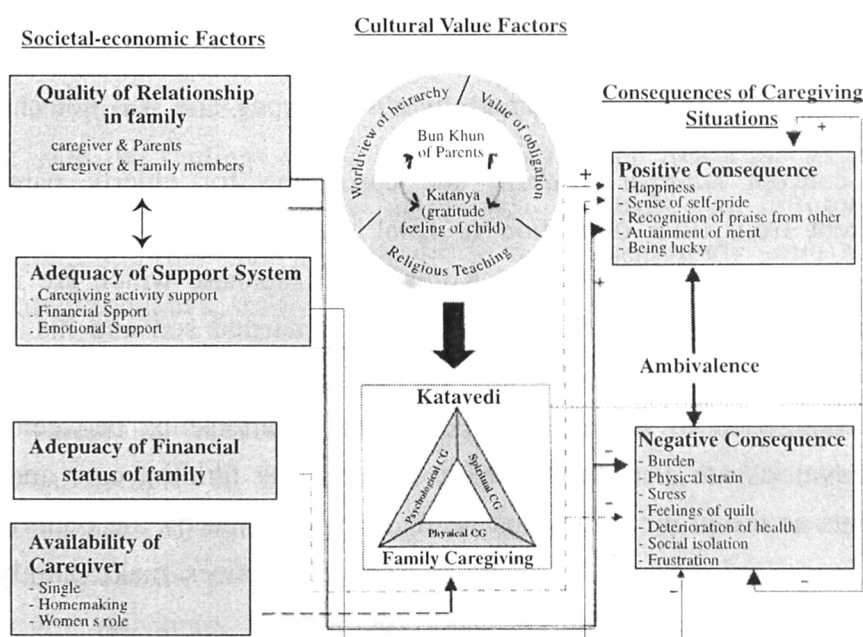


Figure. Conceptual Model of Caregiving of Thai Families



Discussions

The concept of *katanyu katavedi* plays an important role in family caregiving in Thai society. *Katanyu katavedi* in relation to caregiving for frail elderly parents is defined as a social cultural value in Thai society. It is a cultural value which is viewed as a propriety of societal norms of Thai families. It is accepted as a characteristic or quality of a noble (good) person. Society still values and expects that children should have this quality and fulfill their obligation to parents. *Katanyu katavedi* is both reinforcement and pressure for Thai people in giving care to elderly parents. It is viewed as moral and meritorious acts that children would like to achieve and accomplish this social cultural value. But, at the same time is also a pressure that children may feel being pushed by society to fulfill this social cultural value of *katanyu katavedi*.

There are no recent studies in Thailand which explore or analyze the concept of *katanyu katavedi*. Some social studies described the existence of familial support for Thai elderly people (Chayovan & Knodel, 1997, Knodel, Chayovan, & Siriboon, 1992, Limanonda, Wongboonsin, Vibulsresth, & Ruffolo, 1995) and family caregiving in Thailand (Caffrey, 1992a, b,ENZ & Rungsophakul, 1998) but did not provide much information about the concept of *katanyu katavedi* in relation to family caregiving. These researchers in these studies described the strength of children's obligation to parents that influenced the familial system of support and care for the elderly population in Thailand. The findings of Caffrey (1992a) and Limanonda, Wongboonsin, Vibulsresth, and Rufflo (1995) pointed out the importance of a strong value of filial piety or obligation of children to care for aged parents in Thai families. The feeling of filial piety or obligation of children in caring for aged parents (both physically and emotionally) so as to pay a debt of gratitude was found to be valued and adhered to among respondents both in rural and urban areas. The response obtained reflected the fact that the social cultural value of *katanyu katavedi* of children towards parents was still strong and had not changed much.

The concept *katanyu katavedi* and caregiving for elderly parents in Thai culture is different from filial obligation or filial piety in other Asian countries. Filial piety from the cultural norms of Chinese, Korean, and Japanese which are influenced by Confucian culture, is traditionally expected obliging a married son and his wife to serve the husband's parents (Kim, Kim, & Hurh, 1991, Yamamoto & Wallhagen, 1997). The social value of obligation to parents and hierarchical relationships between parents and child in these countries are also strong and considered the familial care and support for the elderly parents as the prime virtue that needs to be fulfilled by the children. However, the differences in the religious background and social practices make family caregiving for the elderly in Thailand dissimilar to other countries.



In Thailand, religion based on Buddhism plays a more important role on daily life than in other Asian cultures. These other Asian cultures, based in Confucian religious teachings, have social values such as obligation to parents that are stronger than the religious values. In Thailand, the religious values ground the social values and the way that persons think, making the social and religious almost inseparable.

Because the care receivers in this study were frail elderly parent and the majority were in a dependent condition (totally dependent in the assistance for their ADL), the caregiving performed by the caregivers was heavy on the physical caregiving. There were several cases (7 families) in which the caregivers provided nursing care activities at home. The caregivers who cared for the frailest parents, with high levels of need for assistance in ADL and IADL, talked about their lives as routine of caring. They spent a lot of time in the physical caregiving activities that had to be completed on a time schedule.

Findings from this study will be compared to those of other studies of caregiving for the elderly people in Thailand (Caffrey, 1992a ; Enz & Rungsophasakul, 1998 ; Knodel, Amornsirisomboon, & Khiewyoo, 1997). Caffrey (1992a) found that the caregiving activities for elderly people in a rural area of Thailand included common household activities such as cooking, doing the laundry, giving money, cleaning, changing bed clothes, and emptying the chamber pot. In her study, the elders included in the sample mostly could perform activities of daily living by themselves. There were only two elders who needed intensive personal care such as bathing, dressing, assistance with eating, and constant observation and monitoring to prevent the elder from wandering off. Enz and Rungsophasakul (1998) studied the role of caregivers for elders in Thai health care, and identified that meal preparation is the major activity that caregivers provide for the elderly. Providing medicines and assisting with daily living activities were also activities that caregivers performed for the elderly people in their families. These findings are consistent with the findings of the present study which found the focus of caregiving practice is mainly placed on physical caregiving. However, one different was that the psychological and spiritual caregiving found in the present study were not described in the Enz & Rungsophasakul's study.

Numerous studies about family caregiving have been focused on the effects or outcomes of caregiving processes. Although voluminous research studies of research (Pearlin, Mullan, Semple, & Skaff, 1990, Young & Kahana, 1989) had focused on the negative consequences of caregiving situations, recently, there are increasing numbers of research studies about the positive aspects or gains in family caregiving (Archbold et al, 1990, Cartwright, Archbold, Stewart, & Limandre, 1994, Harris, 1998). Archbold et al (1990) described the quality as the enrichment processes which enhances meaning and satisfaction in caregiving to both caregivers and care receivers.



The findings of this study are somehow different from the studies being done in Western culture. In the West, the positive aspects of caregiving are usually described as the caregivers' experiences in terms of positive outcomes for the self or personal views like self satisfaction, gratification, mutuality, increased self esteem. However, there are fewer positive outcomes that focus on social views which are more valued in a collectivistic society where people perceive themselves as parts of a social community or unit. In this study the participants expressed the positive consequences which occurred in their own self such as happiness, sense of self-pride, and warmth. In addition, there are positive consequences that were found in this study, but not mentioned in other studies. The recognition of praise from others, attainment of merit, and being lucky are the consequences that are influenced by societal values that suggest the dominant characteristics society.

This study produces findings that provide empirical knowledge and understanding about family caregiving in Thailand. This information is useful for nurses and health care professional who work with Thai families in urban communities during the time of social and economic change. The findings of this study are unique to the Thai culture and the value it place on caregiving for one's parents. Because family caregiving is such an embedded long-term cultural assumption, Thai people may have taken the concept of family caregiving for granted. Making the cultural value of family caregiving explicit as an aspect of conceptual modeling is crucial for true understanding of caregiving in Thai culture. Often caregiving is assessed from social, physical, and/or psychological perspectives but rarely from the perspective of cultural values and the impact and importance that play in the caregiving role. The exploration of the cultural value of *katanyu datavedi* in relation to caregiving of Thai elderly parents is new approach and is an example of looking at caregiving from a cultural perspective. This perspective adds an in-depth understanding and specific distinctions of caregiving in Thai culture, while identifying its differences from other cultures.

This study is useful for public health nurses who visit families in their community settings of Thailand. It suggests that it is imperative for nurses to assess the family as a whole system, rather than focusing on only the nursing or physical care needs. It is crucial for public health nurses to effectively assess families or family caregivers which have problems or difficulties in their caregiving situations. Family caregiving is a complex system which includes several aspects and contextual factors. Nurses might want to help encourage caregivers to have a sense of self-pride in being a caregiver and doing well in their job, as part of positive consequences of the caregiving situation. This might make caregivers feel good about themselves. Nurses can be a support system to caregivers by being a consultant or a resource of knowledge about the care of the elderly. Nurses also play a role in helping find resources and solutions for



families that face difficulties with societal status or lack of support system. These factors appear to directly influence the consequences and outcomes of caregiving. Nurses may refer cases to social workers at local Health Centers.

The policy implications from this study are very important. The Thai government has publicly tried to promote family caregiving, however there is no concrete governmental strategic planning to assist these families caring for their elderly parents. From this study's findings, the supports that the caregivers received mostly came from their own families and sometimes the community. This study also provides information about caregiving practices, factors that influence caregiving, and the family consequences of the caregiving situation. This information is expected to help policy makers identify others support system to help caregivers such as home health care services by the governmental agencies. Any kinds of services or programs which might promote or support societal-economic contextual factors such as projects to encourage positive relationships within family or to advocate caregiving support system for caregiving in family might be considered and implemented.



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